

Recent controlled research shows that a group of insomniac patients who were chronic drug users had no more success in sleeping than a control group of insomniacs not using drugs. If anything, the drug users slept somewhat less!

Also, it's known that sleeping pills reduce the amount of REM sleep—the kind that is related to dreaming. (Alcohol can have a somewhat similar effect).

If your doctor does prescribe sleeping pills, you should remember two things. First, that the drugs should be used only for the short period of time the doctor recommends—usually one or two weeks. After that they won't work very well.

Second, that when the use of hypnotic drugs is discontinued, there may be a few nights of increased, vivid dreaming and even nightmares (perhaps the body catching up on its lost REM sleep).

Persons who have been habitual drug users should withdraw gradually, and with a physician's help. This will avoid severe withdrawal symptoms, which can include not only nightmares but convulsions and delirium. It's quite possible, with help, to avoid most of the unpleasant experiences of withdrawal.

Over-the-counter, non-prescription sleeping aids should be avoided, and certainly never used without a doctor's consent—and then only according to instructions.

Another word of warning. Never consume alcoholic beverages when sleeping pills have been prescribed. That's like playing Russian roulette.

### The best pill is no pill

Because most cases of insomnia are secondary to some other problem, the best cure is to solve the underlying problem as quickly as possible, if at all possible.

For people who simply have difficulty in getting to sleep, the answer may lie in lifestyle. What are some of the common-sense things that contribute to restful, refreshing sleep?

First, don't get panicky when you have trouble sleeping for a couple of nights. It happens to nearly everyone, sooner or later. It's quite natural, and worrying will only make it worse.

Mild exercise in the evening often helps promote sleep. Save the vigorous exercise for earlier in the day—before supper, at least. It will help you sleep, too, but in the evening a walk around the block is probably best.

Avoid stimulants, especially in the latter half of the day. That includes coffee, tea, cola drinks and pills that contain caffeine. A milk-cereal food drink at bedtime may be helpful.

Routine is also a big factor. A late, late night, an overlong sleep-in, a jet trip to distant places—all these can upset the body's biological rhythms and impair mental and physical efficiency. Within 24 hours, however, balance is usually restored. Rest assured!



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## One-third of our lives

Roughly one-third of our time is spent in sleep. Yet in spite of rapid advances in sleep research during the past decade, there are still many things we don't understand about this important part of our lives.

What do we know about sleep? Why is it so important to our bodies, and to our minds? Why do different people need different amounts of sleep? What should we do when we have trouble sleeping?

## The two sides of sleep

Basically, there are two kinds of sleep. One of these is known as Rapid Eye Movement or REM sleep. It is related to dreaming, and occupies about a quarter of our sleeping hours.

The second type, known as non-REM sleep, is characterized by light and deep stages, with the deeper stage (slow wave or delta sleep) usually predominating during the first three hours of sleep.

There is a pattern—a remarkably consistent pattern—in the two kinds of sleep. Every 90 to 110 minutes a person enters into REM sleep, with the frequency and duration of REM periods increasing as the sleep goes on.

Research suggests that slow-wave, non-REM sleep might be related to restoration of our physical functioning. REM sleep, on the other hand, might be part of some psychological process related to the functioning of intellect and memory.

## How much is enough?

Perhaps the only way of measuring the amount of sleep we need is to determine, very subjectively, the amount that makes us feel well. Too little, or too much, and a person may feel irritable and tired.

The old idea that all adults need eight hours sleep has long since been discounted. Some need as much as 10 hours, others as little as four hours, with the majority of people requiring between six and eight hours. So if you are one of those who get along well with only four or five hours of sleep, don't worry about insomnia.

After the middle years, a healthy person may tend to have their sleep interrupted by brief awakenings. This is quite normal and need not be a matter for concern, providing you feel well.

## Disorders of sleep

Sleep disorders may be either primary or secondary, or a combination of both.

Primary sleep disorders all have a physiological basis. Something's amiss in the sleep mechanism itself, and this can result in a variety of problems, some common, some uncommon. Today there is special treatment available for many of the primary sleep disorders; your physician can refer you to a specialist.

*Narcolepsy*, a primary disorder, affects individuals with irresistible sleepiness that can overwhelm them at the most unlikely moments and may be accompanied by attacks of muscle weakness, especially at times of stress or excitement.

The *night terror* (not to be confused with nightmare) is a disorder of awakening usually found in young children who wake up, in panic and confusion, within an hour or so of falling asleep. Their pulse will be racing and they'll be totally disoriented, but they won't remember dreaming. (The *nightmare*, which is associated with dreaming, is not a sleep disorder at all, but a natural phenomenon experienced at times by virtually everyone. Only when a nightmare has a recurrent and deeply disturbing theme is it necessary to seek help.)

*Sleepwalking* and *bed-wetting*, are common sleep disturbances among the young.

A secondary sleep disorder can be traced to another cause (job problems, marital problems, money problems and various physical ailments that cause night pain). The real problem is elsewhere and when it is resolved, so will the sleep disorder be resolved.

The most common sleep ailment of all is *insomnia*. It may be characterized by difficulty falling asleep, frequent awakenings during the night or unusually early morning wakening. This is nearly always a secondary sleep disorder caused by some other problem, physical or emotional. As with most secondary sleep disorders, the best treatment is to correct the root cause; solve the problem, relieve the discomfort or pain.

If your insomnia is protracted you should see your physician. He is best able to determine the nature of the underlying disturbance, physical or emotional, and to recommend treatment for the problem.

## The big pill problem

Whatever the problem that causes insomnia initially, it can be made worse by the use of hypnotic (which simply means sleep-inducing) drugs.

Sleeping pills can occasionally perform a useful function, helping a person over an acutely disturbing situation for a limited period of time, for example. But recent research has shown that sleeping pills lose their effectiveness after one or two weeks. By then, more pills will be required to induce sleep. They, too, will lose their effectiveness, and the end result may be addiction—not sleep.